

DRUG

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of

HIGAKI et al.

Application Number: 10/803,910

Filed: March 19, 2004

**For: A STORAGE CONTROL DEVICE FOR LONGEVITY
OF THE DISK SPINDLES BASED UPON ACCESS OF
HARD DISK DRIVES (AS AMENDED)**

Attorney Docket No. ASAM.0115

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) **Art Unit 2188**
)
) **Examiner**
) **Patel, Kaushikkumar M.**
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**Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	31	31	11 (Over 20)	x \$50	0
Independent Claims	3	3	XXX (Over 3)	x \$200	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$360	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).				x ½	
				TOTAL	0.00

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

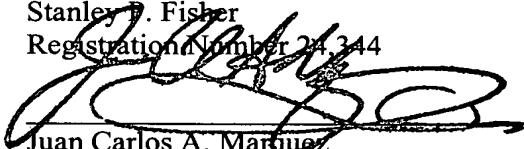
[x] Response to Office Action
(w/claim amendments)
[] Substitute Specification
[] Preliminary Amendment
[] Information Disclosure Statement
w/PTO Form 1449 & refs.

[x] Petition for Extension of Time (1 month)
[] Terminal Disclaimer
[] Letter to Draftsperson w/___ sheets of
replacement drawings
[] Other _____

- [] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- [x] A check in the amount of **\$120.00** to cover the one-month extension fee is enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

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